

2007 VFC Provider Site Visit Questionnaire

All Grantees (includes all vaccine purchase policies)

(This form is to be completed by the public health official who is conducting the site visit review. Section I of this questionnaire is considered the CDC minimum standard for conducting routine VFC provider site visits. Immunization Projects should incorporate these standard questions into their existing VFC site visit protocols and VFC provider on-site questionnaires. Section II is based on the Standards of Pediatric Care. Completion of Section II is optional.)

Date: _____ Reviewer's Name: _____
Provider Site Name: _____
Provider address: _____
Contact person: _____ Telephone: _____
Email: _____ VFC Number: _____
County: _____ Region: _____

Type of Practice:
[] Public Health Dept. Clinic [] Private Practice [] FQHC/RHC
[] Other Public (specify) _____

How many physicians are practicing at this site? _____

Is the provider enrolled in the VFC Program? _____

SECTION I. VFC COMPLIANCE

Note: ! An incorrect or inappropriate response to any question marked with this icon automatically requires that a corrective action be recommended.

Questions 1-11 should be answered by the provider.

1. ! What is the vaccine administration fee charged to non-Medicaid VFC eligible patients (uninsured, American Indian/Alaska Native, under-insured if vaccinated at FQHC/RHC)?

2. Under what circumstances would a child be referred to an FQHC/RHC or other facility for immunization services?

- Not applicable - Facility is an FQHC/RHC
Child is underinsured
Parent is unable to pay administration fee
Other (specify)
No children are referred - grantee is universal purchase
Vaccine is unavailable
Parent is unable to pay office visit fee

3. Which of the following vaccines are NOT routinely administered in this clinic/practice?

- [] DTaP [] Varicella [] Polio
[] Hib [] Hepatitis A [] Influenza
[] MMR [] Hepatitis B [] Pneumococcal Conjugate
[] Td [] Pneumococcal Polysaccharide*
[] MMR-V [] Meningococcal Conjugate
[] Tdap [] Rotavirus [] Human Papillomavirus

Other: _____
 * to high-risk patients

4. **!** When does this clinic/practice provide patients with copies of the Vaccine Information Statements (VIS) to keep?

- Every time the patient receives a vaccination
- When the child receives the first dose of vaccine within a particular series (e.g. 1st dose of DTaP)
- Do not provide
- Other (specify) _____

5. In order to complete the annual provider profile, how do you determine the number of VFC-eligible patients in this clinic/practice?

- Use doses administered data
- Use benchmarking data
- Use claims or encounter data
- Rough estimate based on knowledge of the patient volume in the practice/clinic
- Immunization Information System (Registry)
- Other (please describe): _____

6. **!** When does the clinic/practice screen patients for VFC eligibility?

- First immunization visit to the office
- Every immunization visit
- Do not screen for VFC eligibility
- Other (specify) _____

7. **!** Does the clinic/practice have written procedures in all four areas of vaccine management? (ask to see a copy)

- Yes No

8. Do the written procedures for vaccine management include the following (check to see if present):

	Yes	No
Proper vaccine storage and handling	<input type="checkbox"/>	<input type="checkbox"/>
Procedures for vaccine relocation in the event of a power failure or mechanical difficulty	<input type="checkbox"/>	<input type="checkbox"/>
Vaccine ordering	<input type="checkbox"/>	<input type="checkbox"/>
Inventory control (e.g. stock rotation)	<input type="checkbox"/>	<input type="checkbox"/>

9. **!** How often is a physical inventory of stored VFC vaccine conducted?

- Never
- Every 2-3 months
- Every month
- 1-4 times per year

10. How often are VFC vaccines ordered?

- Weekly Monthly Bi-monthly Quarterly Annually
- Bi-Annually As Needed

11. Does this clinic/practice always notify the Immunization Program when publicly purchased vaccine has expired or been wasted?
 Yes No

Questions (12-31) should be answered based on a physical review of provider's VISs, refrigerator(s) and freezer(s).

12. Please identify the publication date for each of the VIS currently being used in this clinic/practice and then check the appropriate status for each VIS.

VACCINE*	VIS VERSION BEING USED IN THIS CLINIC/PRACTICE		
	Current	Outdated	None Used
DTaP (7/30/01)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polio (1/1/2000)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MMR (1/15/03)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B (7/11/01)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Varicella (12/16/98)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis A (3/21/06)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hib (12/16/98)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pneumococcal Conjugate (9/30/02)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Live Intranasal Influenza (06/30/06)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inactivated Influenza (06/30/06)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Td (6/10/94)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult Pneumococcal Polysaccharide (PPV23) (7/29/97)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meningococcal Conjugate (MCV) (10/07/05)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tdap (07/12/06)			
Rotavirus (4/12/06)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human Papillomavirus (9/5/06)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VIS Website: <http://www.cdc.gov/nip/publications/VIS/default.htm> Current VIS publication dates as of 09/21/2006

13. **!** What type of refrigeration unit is used to store your vaccines, including varicella (if appropriate)? (check all that apply)

Varicella Vaccine	All Other Vaccines
<input type="checkbox"/> Stand alone freezer	<input type="checkbox"/> Stand alone freezer
<input type="checkbox"/> Stand alone refrigerator	<input type="checkbox"/> Stand alone refrigerator
<input type="checkbox"/> Dormitory style refrigerator/freezer	<input type="checkbox"/> Dormitory style refrigerator/freezer
<input type="checkbox"/> Combined refrigerator/freezer with separate refrigerator and freezer doors (e.g. household style appliance)	<input type="checkbox"/> Combined refrigerator/freezer with separate refrigerator and freezer doors (e.g. household style appliance)
<input type="checkbox"/> Combined refrigerator/freezer with a single door	<input type="checkbox"/> Combined refrigerator/freezer with a single door

14. **!** Are working thermometers placed in a central area of each refrigerator and freezer?

	Refrigerator					Freezer				
	#1.	#2.	#3.	#4.	#5.	#1.	#2.	#3.	#4.	#5.
Yes										
Have thermometer but not placed properly										
No thermometer										

15. (A) What type of thermometer is used by the practice (check all that apply)?

	Refrigerator					Freezer				
	#1.	#2.	#3.	#4.	#5.	#1.	#2.	#3.	#4.	#5.
Standard Fluid Filled										
Continuous Recording										
Min-Max										
Dial										
Digital										
Other (specify)										

15. (B) **!** For each type of thermometer used by the practice, indicate if the thermometer is certified (check all that apply).

	Refrigerator					Freezer				
	#1.	#2.	#3.	#4.	#5.	#1.	#2.	#3.	#4.	#5.
Standard Fluid Filled	YES__	YES__	YES__	YES__	YES__	YES__	YES__	YES__	YES__	YES__
	NO__	NO__	NO__	NO__	NO__	NO__	NO__	NO__	NO__	NO__
Continuous Recording	YES__	YES__	YES__	YES__	YES__	YES__	YES__	YES__	YES__	YES__
	No__	NO__	NO__	NO__	NO__	NO__	NO__	NO__	NO__	NO__
Min-Max	YES__	YES__	YES__	YES__	YES__	YES__	YES__	YES__	YES__	YES__
	NO__	NO__	NO__	NO__	NO__	NO__	NO__	NO__	NO__	NO__
Dial	YES__	YES__	YES__	YES__	YES__	YES__	YES__	YES__	YES__	YES__
	NO__	NO__	NO__	NO__	NO__	NO__	NO__	NO__	NO__	NO__
Digital	YES__	YES__	YES__	YES__	YES__	YES__	YES__	YES__	YES__	YES__
	NO__	NO__	NO__	NO__	NO__	NO__	NO__	NO__	NO__	NO__
Other (specify)	YES__	YES__	YES__	YES__	YES__	YES__	YES__	YES__	YES__	YES__
	NO__	NO__	NO__	NO__	NO__	NO__	NO__	NO__	NO__	NO__

16. **!** For each refrigerator and freezer indicate how often temperatures are recorded (check all that apply).

	Refrigerator					Freezer				
	#1.	#2.	#3.	#4.	#5.	#1.	#2.	#3.	#4.	#5.
Once a day										
Less than once a day										
Twice a day										
More than twice a day										

17. Record the highest and lowest temperatures logged in the last 3 months. If no log is available for the past three months, record the highest and lowest temperatures for when logs are available:
Please indicate if recordings are Celsius (°C) or Fahrenheit (°F).

Recommended temperature ranges: Refrigerator: (2-8°C / 35-46°F) Freezer :(-15°C / 5°F or lower)

	Refrigerator (2-8°C / 35-46°F)					Freezer(-15°C / 5°F or lower)				
	#1.	#2.	#3.	#4.	#5.	#1.	#2.	#3.	#4.	#5.
Lowest	____°C ____°F	____°C ____°F	____°C ____°F	____°C ____°F	____°C ____°F	____°C ____°F	____°C ____°F	____°C ____°F	____°C ____°F	____°C ____°F
Highest	____°C ____°F	____°C ____°F	____°C ____°F	____°C ____°F	____°C ____°F	____°C ____°F	____°C ____°F	____°C ____°F	____°C ____°F	____°C ____°F
Log available for last 3 months?	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO

If any of the lowest and/or highest temperatures are out of the recommended range then **GO TO** question 18. If the temperatures are within the recommended guidelines, **SKIP** to question 21.

18. **!** During past 3 months, how many times were the temperatures outside the recommended range?

	Refrigerator (2-8°C / 35-46°F)					Freezer (-15°C / 5°F or lower)				
	#1.	#2.	#3.	#4.	#5.	#1.	#2.	#3.	#4.	#5.
Below Guidelines										
Above Guidelines										

19. When the temperatures were outside the recommended range, what action did the provider take?

(✓ all that apply)

- Adjusted thermostat in refrigerator/freezer
- Measured temperature with different thermometer to check accuracy of original reading
- Moved vaccine to a different refrigerator/freezer maintained at proper temperature
- Called the vaccine manufacturer to determine the potency of the vaccine
- Called the local/state immunization program for assistance
- Did not do anything

20. Did the provider document the action taken on the temperature log or elsewhere?

- Yes
- No

21. Record the current temperatures

	Refrigerator (2-8°C / 35-46°F)					Freezer (-15°C / 5°F or lower)				
	#1.	#2.	#3.	#4.	#5.	#1.	#2.	#3.	#4.	#5.
Practice Thermometer	____°C ____°F	____°C ____°F	____°C ____°F	____°C ____°F	____°C ____°F	____°C ____°F	____°C ____°F	____°C ____°F	____°C ____°F	____°C ____°F
Reviewer's Thermometer	____°C ____°F	____°C ____°F	____°C ____°F	____°C ____°F	____°C ____°F	____°C ____°F	____°C ____°F	____°C ____°F	____°C ____°F	____°C ____°F

22. **!** Are current temperatures within the guidelines according to the reviewer's thermometer? (Refrigerator: 2-8°C / 35-46°F, Freezer: -15°C / 5°F or lower) Please note: if reviewer does not use a thermometer to check the temperature, then refer to the practice's thermometer to answer this question. If reviewer has a thermometer, then record only the reviewer's temperature.

Refrigerator					Freezer				
#1.	#2.	#3.	#4.	#5.	#1.	#2.	#3.	#4.	#5.
YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
NO	NO	NO	NO	NO	NO	NO	NO	NO	NO

23. Is food stored with vaccines in the refrigerator or freezer?

Refrigerator					Freezer				
#1.	#2.	#3.	#4.	#5.	#1.	#2.	#3.	#4.	#5.
YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
NO	NO	NO	NO	NO	NO	NO	NO	NO	NO

24. **!** Are vaccines stored in the doors of the refrigerator or freezer?

Refrigerator					Freezer				
#1.	#2.	#3.	#4.	#5.	#1.	#2.	#3.	#4.	#5.
YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
NO	NO	NO	NO	NO	NO	NO	NO	NO	NO

25. Is vaccine stacked with air space between the stacks and side/back of the unit to allow cold air to circulate around the vaccine?

Refrigerator					Freezer				
#1.	#2.	#3.	#4.	#5.	#1.	#2.	#3.	#4.	#5.
YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
NO	NO	NO	NO	NO	NO	NO	NO	NO	NO

26. Are bottles of water placed in the refrigerator and ice packs in the freezer to maintain the internal temperatures of the storage area?

Refrigerator					Freezer				
#1.	#2.	#3.	#4.	#5.	#1.	#2.	#3.	#4.	#5.
YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
NO	NO	NO	NO	NO	NO	NO	NO	NO	NO

27. Is there a "DO NOT DISCONNECT" sign on the refrigerator/freezer electrical outlet?

Refrigerator					Freezer				
#1.	#2.	#3.	#4.	#5.	#1.	#2.	#3.	#4.	#5.
YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
NO	NO	NO	NO	NO	NO	NO	NO	NO	NO

28. Is there a "DO NOT DISCONNECT" sign on the circuit breaker?

Yes No Don't Know

29. **!** Are short-dated vaccines stored in front and used first, rotating stock effectively?

Refrigerator					Freezer				
#1.	#2.	#3.	#4.	#5.	#1.	#2.	#3.	#4.	#5.
YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
NO	NO	NO	NO	NO	NO	NO	NO	NO	NO

30. **!** How does the provider distinguish privately purchased vaccine from publicly purchased vaccine?
- Immunization Information System (IIS)/ Registry
 - Physically separates public vaccine from private vaccine
 - Does not separate public vaccine from private vaccine
 - Other method (please specify)_____
31. Upon checking the provider's vaccine supply, did you find any unreported wasted or expired vaccine?
- Yes
 - No

Questions 32-34 should be answered based on a review of patient charts, electronic medical records, or patient log (electronic or manual) which records VFC eligibility status, or registry.

32. What is the VFC eligibility screening coverage in this clinic/practice?
- VFC screening coverage of 100%
 - VFC screening coverage of at least 95%
 - VFC screening coverage of at least 90%
 - VFC screening coverage below 90%
33. What methodology was used to determine VFC eligibility screening coverage during this site visit?
- CDC supplied Lot Quality Assurance (LQA) protocol
 - CoCASA
 - Project developed methodology
 - Other: _____
34. Do all immunization records contain the following documentation required by statute 42 US Code 300aa-25?
(✓ one box per item)

Required Documentation	Yes	No
Name of vaccine given	<input type="checkbox"/>	<input type="checkbox"/>
Date vaccine was given	<input type="checkbox"/>	<input type="checkbox"/>
Date VIS was given	<input type="checkbox"/>	<input type="checkbox"/>
Name of vaccine manufacturer	<input type="checkbox"/>	<input type="checkbox"/>
Lot number	<input type="checkbox"/>	<input type="checkbox"/>
Name and title of person who gave the vaccine	<input type="checkbox"/>	<input type="checkbox"/>
Address of clinic where vaccine was given	<input type="checkbox"/>	<input type="checkbox"/>
Publication date of VIS	<input type="checkbox"/>	<input type="checkbox"/>

Questions 35-36 should be answered based on results of the VFC Site Visit.

35a. Are corrective actions recommended for this VFC enrolled site?

- Yes No (*STOP here*)

35b. Please indicate which corrective actions regarding vaccine practices were recommended for this VFC enrolled site. (*✓ all that apply and specify problem*) Please refer to high-risk question (!) key to determine what questions were answered inappropriately. All questions answered with inappropriate responses require corrective actions. You may also enter corrective actions for non high-risk questions. Enter all recommended corrective actions in the appropriate space provided below.

- Administrative practices

- Vaccine storage and handling

- Other:

36. Please indicate your plan for following-up with the site to ensure recommendations were implemented.

- Provided technical assistance at time of site visit, no further follow-up is needed
 Telephone call
 Site visit
 F/U letter
 Suspended delivery of VFC vaccine until storage/handling problems resolved
 Other: _____

HIGH PRIORITY QUESTION KEY

All questions indicated with the ! icon are considered high priority questions. Inappropriate or incorrect responses given to any of these questions means that a corrective action must be recommended by the person administering this questionnaire. The table below is to be used as a key. It outlines the correct and incorrect responses to each of the 14 high risk questions.

#	Question	Response Options	Acceptable	Unacceptable-Requires Corrective Action in #36
1	What is the vaccine administration fee charged to non-Medicaid VFC eligible patients (uninsured, American Indian/Alaska Native, under-insured if vaccinated at FQHC/RHC)?	Open-ended	Within state cap (varies by state)	In excess of state cap
4	When does this clinic/practice provide patients with copies of the Vaccine Information Statements (VIS) to keep?	<ol style="list-style-type: none"> 1. Every time the patient receives a vaccination 2. When the child receives the first dose of vaccine within a particular series (e.g. 1st dose of DTaP) 3. Do not provide 4. Other (specify) 	Option 1	Option 2-4
6	When does the clinic/practice screen patients for VFC eligibility?	<ol style="list-style-type: none"> 1. First immunization visit to the office 2. Every immunization visit 3. Do not screen for VFC eligibility 4. Other (specify) 	Option 2 Option 3: May be acceptable for certain universal states that do not require screening at the provider level	Option 1, 3-4
7	Does the clinic/practice have written procedures for vaccine management? (ask to see a copy)	<ol style="list-style-type: none"> 1. Yes 2. No 	Yes	No
9	How often is a physical inventory of stored VFC vaccine conducted?	<ol style="list-style-type: none"> 1. Never 2. Every Month 3. Every 2-3 months 1-4 times per year 	Option 2	Option 1, 3, 4
13	What type of refrigeration unit is used to store your varicella? (check all that apply)	<ol style="list-style-type: none"> 1. Stand alone freezer 2. Stand alone refrigerator 3. Dormitory style refrigerator/freezer 4. Combined refrigerator/freezer with separate refrigerator and freezer doors (e.g. household style appliance) 5. Combined refrigerator/freezer with a single door 	Option 1,4	Option 2,3,5

#	Question	Response Options	Acceptable	Unacceptable-Requires Corrective Action in #36
13	What type of refrigeration unit is used to store all other vaccines (except varicella)? (check all that apply)	<ol style="list-style-type: none"> 1. Stand alone freezer 2. Stand alone refrigerator 3. Dormitory style refrigerator/freezer 4. Combined refrigerator/freezer with separate refrigerator and freezer doors (e.g. household style appliance) 5. Combined refrigerator/freezer with a single door 	Option 2,3,4,5	Options 1
14	Are working thermometers placed in a central area of each refrigerator and freezer?	<ol style="list-style-type: none"> 1. Yes 2. Have thermometer but not placed properly 3. No thermometer 	Option 1	Options 2, 3
15b	Are the thermometers checked in 15(A) certified (check all that apply)?	<ol style="list-style-type: none"> 1. Yes 2. No 	Option 1	Option 2 (educate provider)
16	How often are refrigerator and freezer temperatures recorded (check all that apply)?	<ol style="list-style-type: none"> 1. Once a day 2. Less than once a day 3. Twice a day 4. More than twice a day 	Options 3, 4	Options 1,2
18	During past 3 months, how many times were the temperatures outside the recommended range?		0 or blank	anything greater than 0
22	Are current temperatures within the guidelines according to the reviewer's thermometer? (Refrigerator: 2-8°C / 35-46°F, Freezer: -15°C / 5°F or lower)	<ol style="list-style-type: none"> 1. Yes 2. No 	Yes	No
24	Are vaccines stored in the doors of the refrigerator and freezer?	<ol style="list-style-type: none"> 1. Yes 2. No 	No	Yes
29	Are short-dated vaccines stored in front and used first, rotating stock effectively?	<ol style="list-style-type: none"> 1. Yes 2. No 	Yes	No
30	How does the provider distinguish privately purchased vaccine from publicly purchased vaccine?	<ol style="list-style-type: none"> 1. Uses Immunization Information System/Registry 2. Physically separates public vaccine from private vaccine 3. Other method (please specify) 4. Does not separate public vaccine from private vaccine 	Options 1, 2, 3	Option 4

SECTION II. Standards for Pediatric & Adolescent Immunization Practices (Optional)

Vaccine Administrative Policy

1. How does the clinic/practice offer immunization services to patients? (Check all that apply)

? During well-child visits	? Dedicated days/times for immunizations
? Immunization-only appointments	? Off-site immunizations
? Walk-in immunizations	? Other (specify) _____

2. Is an office visit fee charged in addition to any vaccine administration fees?

? Yes ? No

 If yes, what is the amount of the office visit fee? _____

3. Is a physical exam required before immunizations are given?

? Yes ? No

Assessment of Vaccination Delivery

4. Does the clinic/practice routinely immunize when the child has:

	Yes	No	Situational
A "cold"	?	?	?
Low grade fever (e.g. 100.4°F [38°C] or lower)	?	?	?
Recently been exposed to infectious illness	?	?	?
Mild diarrhea	?	?	?
Convalescing from an acute illness	?	?	?

Effective Communication about Vaccine Benefits and Risks

5. Does the clinic/practice staff know how to obtain foreign-language Vaccine Information Statements (VIS) for patients/families whose first language is not English?

? Yes ? No

Proper Storage and Administration of Vaccines and Documentation of Vaccinations

6. Does the clinic/practice have a current copy of the following documents?

	Yes	No
<i>Recommended Childhood Immunization Schedule</i>	?	?
<i>Revised Standards for Child and Adolescent Immunization Practices</i>	?	?
<i>Contraindications for Childhood Immunization</i>	?	?
<i>Vaccine Management: Recommendations for Handling & Storage of Selected Biologicals</i>	?	?

7. Are up-to-date, written vaccination protocols accessible at all locations where vaccines are administered?

? Yes ? No (Ask to see a copy.)

8. Who gives immunization injections? (Check all that apply)

? MD ? NP ? PA ? RN ? LVN ? LPN ? MA

9. How do persons who administer vaccines and staff who manage or support vaccine administration receive ongoing education regarding immunization? (Check all that apply.)
- No ongoing training
 - In-house training by health dept./professional organization at least once a year
 - In-house training by staff at least once a year
 - Off-site conferences or workshops at least once a year
 - Distribution of written materials
 - Web-based training
 - Other (specify) _____
10. Does the practice document ongoing education regarding immunization for persons who administer vaccines and staff who manage or support vaccine administration?
- Yes No
11. Does the clinic/practice simultaneously administer all vaccines for which the child is eligible?
- Yes No
12. What size needles are generally used for intramuscular injections?
- 5/8 " (inch)
 - 1 " (inch)
 - 7/8 " (inch)
 - Depends on age
 - Other (specify) _____
13. Does the clinic/practice pre-fill syringes?
- Yes No
14. Does the clinic/practice have VAERS forms and know how to report to VAERS?
- Yes No
15. Does the clinic/practice require staff who have contact with patients to be immunized or show proof of immunity against the following vaccine-preventable diseases? (Check all that apply)
- None required
 - Measles/Mumps/Rubella
 - Hepatitis B
 - Hepatitis A
 - Varicella
 - Influenza
 - Td
 - Other (specify) _____

Implementation of Strategies to Improve Vaccination Coverage

16. How does the clinic/practice remind patients of their next appointment? (Check all that apply)
- Mail
 - Written appointment slip given at last visit
 - Telephone
 - Does not remind patients of next appointment
 - Verbally at last visit
 - Other (specify) _____
17. How does the clinic/practice contact patients who miss their appointments? (Check all that apply)
- Mail
 - Does not contact patients who miss their appointments
 - Telephone
 - Other (specify) _____

18. How does the clinic/practice identify patients if no appointment is made and immunizations are due/overdue? (Check all that apply)
- ? Cannot identify patients due/overdue for immunizations
 - ? Computer (office-based, not connected to a registry)
 - ? Other (specify)_____
 - ? Immunization registry
 - ? Paper-based "tickler" system
19. How frequently does the clinic/practice generate reminder/recall notices (or phone calls) to patients who are due/overdue for a vaccination? (Check all that apply)
- ? Weekly
 - ? Monthly
 - ? Quarterly
 - ? Clinic/practice does not distribute recall notices to patients
 - ? No regular schedule
20. Is an office- or clinic-based patient record review and vaccination coverage assessment performed at least once a year (check all that apply)?
- ? Yes
 - ? No
- If Yes,
- ? By practice staff
 - ? By immunization/VFC program
 - ? By other external reviewer
- When was the most recent office- or clinic-based patient record review and vaccination coverage assessment?
Date:_____
21. Does the practice/clinic participate in an immunization registry?
- ? Yes
 - ? No
22. What community-based approaches does the clinic/practice use to increase immunization coverage? (Check all that apply)
- ? No community-based approaches used
 - ? Provides off-site immunization services
 - ? Partners schools/school nurses
 - ? Participates in health fairs
 - ? Conducts community-based outreach/education
 - ? Other (specify)_____